

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	
504117	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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50						
TOTAL IND.	5					
TOTAL DEP.	19	↓	↓	↓		
TOTAL CLAIMS	24					

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IND.	DEP.	IND.	DEP.	IND.	DEP.
51					
52					
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97					
98					
99					
100					
TOTAL IND.		↓	↓	↓	
TOTAL DEP.		↓	↓	↓	
TOTAL CLAIMS					

BEST AVAILABLE COPY